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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/081,275
	Filing Date	February 21, 2003
	First Named Inventor	Amardeep Singh
	Art Unit	3672
	Examiner Name	H. Dang
Total Number of Pages in This Submission	Attorney Docket Number	1030-20003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="text-align: center;"><b>RECEIVED</b> MAR 15 2004  <b>GROUP 3600</b></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	ROBERT M. GRAY
Signature	
Date	March 4, 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or Printed Name	Sandra K. Begley
Signature	
Date	March 4, 2004

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**FEE TRANSMITTAL**  
**For FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

\$ 990.00

**Complete if Known**

Application Number 10/081,275

Filing Date February 21, 2003

First Named Inventor Amardeep Singh

Examiner Name H. Dang

Art Unit 372

Attorney Docket No. 1030-20003 BMG

**METHOD OF PAYMENT (Check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number: 03-2769

Deposit Account Name: Conley Rose, P.C.

**The Director is authorized to: (check all that apply)**☒ Charge fee(s) indicated below☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	\$
1002 340	2002 170	Design filing fee	\$
1003 530	2003 265	Plant filing fee	\$
1004 770	2004 385	Reissue filing fee	\$
1005 160	2005 80	Provisional filing fee	\$

**SUBTOTAL (1) \$00.00****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Independent Claims	Multiple Dependent Claims	Extra Claims	Fee from below	Fee Paid
67	8		42** = 25 x 18.00 = \$450.00		
			3** = 5 x 86.00 = \$430.00		
			290.00 = \$00.00		

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent Claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) \$**

\*\* or number previously paid, if greater; For Reissues, see above

**SUBMITTED BY**

Name (Print/Type)

ROBERT M. GRAY

Registration No. (Attorney/Agent)

41,7980

Telephone

(713) 238-8000

Signature

Date

March 4, 2004

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	\$
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	\$
1053 130	1053 130	Non-English specification	\$
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	\$
18042 920*	1804 920*	Requesting publication of SIR prior to Examiner action	\$
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	\$
1251 110	2251 55	Extension for reply within first month	\$110.00
1252 420	2252 210	Extension for reply within second month	\$
1253 950	2253 475	Extension for reply within third month	\$
1254 1,480	2254 740	Extension for reply within fourth month	\$
1255 2,010	2255 1,005	Extension for reply within fifth month	\$
1401 330	2401 165	Notice of Appeal	\$
1402 330	2402 165	Filing a brief in support of an appeal	\$
1403 280	2403 140	Request for oral hearing	\$
1451 1,510	1452 1,510	Petition to institute a public use proceeding	\$
1452 110	2452 55	Petition to revive - unavoidable	\$
1453 1,330	2453 665	Petition to revive - unintentional	\$
1501 1,330	2501 665	Utility issue fee (or reissue)	\$
1502 480	2502 240	Design issue fee	\$
1503 640	2503 320	Plant issue fee	\$
1460 130	1460 130	Petitions to the Commissioner	\$
1807 50	1806 50	Processing fee under 37 CFR 1.17(g)	\$
123 50	123 50	Petitions related to provisional applications	\$
1806 180	1806 180	Submission of Information Disclosure Stmt	\$
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	\$
1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))	\$
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))	\$
1801 770	2801 385	Request for Continued Examination (RCE)	\$
1802 900	1802 900	Request for expedited examination of a design application	\$

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) \$110.00****WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****RECEIVED**

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**GROUP 3600**